PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents Alexandria, Virginia 22313-1450 Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address.

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IRVINE, CA 92014	<u> </u>	P 2 2 2003	<u> </u>	remy P	. Sanders	(Depositor's name)	
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APPLICATION NO.	FILING DATE	FIRST	FIRST NAMED INVENTOR Mir A Imran		PERCUS.093A	8801	
09/438,030 TITLE OF INVENTION: ME	11/10/1999 ETHODS FOR REDUCING	G DISTAL EMBOLIZAT				DATE DUE	
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1. Change of corresponder CFR 1.363). Change of correspond Address form PTO/SB/1 Fee Address indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unless been previously submittee.	the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. IE PATENT (print or type) will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has ate cover. Completion of this form is NOT a substitute for filing an assignment. RESIDENCE: (CITY and STATE OR COUNTRY)						
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PATENT

Case Docket No. PERCUS.093A

Date: September 16, 2003

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

pplicant(s)

Imran, et al.

Appl. No.

09/438,030

Filed

November 10, 1999

For

METHODS FOR REDUCING

DISTAL EMBOLIZATION

Group Art Unit

3763

Class/Sub-Class

604-035000

Examiner

SERKE, CATHERINE

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

September 16, 2003

P. Sanders, Reg. No. 47,916

TRANSMITTAL LETTER

MAIL STOP ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- Form PTOL-85. (X)
- Comments on Statement of Reasons for Allowance. (X)
- A check in the amount of \$1309 to cover the issue fee and three (3) soft copies is enclosed. (X)
- The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any (X) overpayment, to Account No. 11-1410.
- Return prepaid postcard. (X)

Jeremy P. Sanders Registration No. 47,916 Attorney of Record Customer No. 20,995

(949) 760-0404